

STATEMENT OF ECONOMIC INTERESTS



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Please type or print in ink. LAMBERT MAR-5 PM 1: 48 NAME OF FILER (LAST) CITY COMPANDELS SOBON 1. Office, Agency, or Court Agency Name (Do not use acronyms) CITY OF ANGELS Division, Board, Department, District, if applicable Your Position CITY COUNCIL **COUNCIL MEMBER** ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronyms) Position: ALTERNATE Agency: CALAVERAS COUNCIL OF GOVERNMENTS 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ State ☐ Multi-County __ County of ____ City of ANGELS 3. Type of Statement (Check at least one box) Annual: The period covered is January 1, 2014, through Leaving Office: Date Left _____/____ December 31, 2014. (Check one) -01-O The period covered is January 1, 2014, through the date of The period covered is _______, through leaving office. December 31, 2014. O The period covered is ____ Assuming Office: Date assumed ____/___ the date of leaving office. Candidate: Election year ___ _____ and office sought, if different than Part 1: ___ 4. Schedule Summary Check applicable schedules or "None." ▶ Total number of pages including this cover page: _ Schedule C - Income, Loans, & Business Positions - schedule attached Schedule A-1 - Investments - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule B - Real Property - schedule attached Schedule E - Income - Giffs - Travel Payments - schedule attached -or-✓ None - No reportable interests on any schedule 5. Verification 2-10-15 Date Signed ____